

# COLORADO SALES TAX / WAGE WITHHOLDING ACCOUNT APPLICATION

Department Use Only

INSTRUCTIONS FOR THIS FORM ARE IN THE PUBLICATION CR 0101

**A**

## 1. REASON FOR FILING THIS APPLICATION

☐ Original Application ☐ Change of Ownership ☐ Additional Location

Do you have a Department of Revenue Account Number?

☐ Yes ☐ No IF Yes, Account # \_\_\_\_\_

## 2. Indicate Type of Organization

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Individual                      | <input type="checkbox"/> Limited Liability Partnership (LLP)          | <input type="checkbox"/> Estate/Trust  |
| <input type="checkbox"/> General Partnership             | <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) | <input type="checkbox"/> Government    |
| <input type="checkbox"/> Limited Partnership             | <input type="checkbox"/> Corporation/S' Corp.                         | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Association                                  | <input type="checkbox"/> Non-profit    |

**B**

1a. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, Middle)

1b. Taxpayer ID (Requirements—see page 2)

2a. Trade Name/Doing Business As (If applicable, and for informational purposes only)

2b. FEIN

2c. SSN

### Physical place of business

3a. Principal Place of Business

City

State

ZIP Code

3b. County

3c. If business is within limits of a city, what city?

3d. Telephone

( )

### Mailing address

4a. Name (Last, First, Middle)

4b. Telephone

( )

4c. Mailing Address

City

State

ZIP Code

5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (See page 2, section B5 for additional space)

Do you sell motor vehicle tires? ☐ Yes ☐ No Is your business in a special taxing district? ☐ Yes ☐ No Do you rent out items for 30 days or less? ☐ Yes ☐ No

6a. Owner/Partner/Corp. Officer (Last, First, Middle)

6b. Title

6c. FEIN

6d. SSN

6e. Telephone

( )

6f. Address (Residence, P.O. Box, or Street)

City

State

ZIP Code

7a. Owner/Partner/Corp. Officer (Last, First, Middle)

7b. Title

7c. FEIN

7d. SSN

7e. Telephone

( )

7f. Address (Residence, P.O. Box, or Street)

City

State

ZIP Code

If you acquired the business in whole or in part, complete the following:

8a. Prior Taxpayer Name

8b. Date of Acquisition

8c. Address

City

State

ZIP Code

**C**

1. ☐ If Seasonal, mark each business month ☐ Jan. ☐ Feb. ☐ Mar. ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

2a. Filing Frequency: If sales tax collected is:

☐ \$15.00/month or less—Annually

☐ Under \$300/month—Quarterly

☐ \$300/month or more—Monthly

☐ Wholesale only—Annually

2b. First Day of Sales (Mo/Day/Yr)

Revenue Registration Account Number (DEPT. USE ONLY)

3. Indicate which applies to you: ☐ Retail-Sales ☐ Wholesaler ☐ Charitable ☐ Retailers-Use

**D**

1. Filing Frequency: If wage withholding amount is

☐ \$1–\$6,999/Year—Quarterly

☐ \$7,000–\$49,999/Year—Monthly

☐ \$50,000+/Year—Weekly

Must file by Electronic Funds Transfer (EFT)

2. Oil/Gas

☐ Withholding

3a. First Day of Payroll, if applicable (Mo/Day/Yr)

3b. Payroll Records Telephone

( )

3c. Payroll Records Location (List Address)

Period Covered  
From To

**FEES** (see page 2)

**E**

Mo	Mo	(0020-810)	State Sales Tax Deposit (355)	\$
Yr	Yr			
Mo	Mo	(0080-750)	Sales Tax License (999)	\$
Yr	Yr			
Mo	Mo	(0100-750)	Wholesale License(999)	\$
Yr	Yr			
Mo	Mo	(1000-750)	Wage Withholding (999)	\$ 0.00
Yr	Yr			
Mo	Mo	(0160-750)	Charitable License (999)	\$
Yr	Yr			
MAKE CHECKS PAYABLE TO:			<b>TOTAL</b>	\$ .00

Colorado Department of Revenue, 1375 Sherman St., Denver, CO 80261-0009

**F**

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.

**SIGNATURE** of Owner, Partner, or Corporate Officer **Required**

Title

Date

(continue on reverse side of this page.)

See page 2 for Return Check Policy

## FEE SCHEDULE

- **Trade name registration:** Trade name registrations must be done with the Colorado Secretary of State.
- **Unemployment insurance:** Colorado unemployment insurance tax is administered by the Colorado Department of Labor and Employment.
- **Wholesale and retail license**

If first day of sales is:

January to June even-numbered years 2010, 2012, 2014 .....	\$16.00
July to December even-numbered years 2010, 2012, 2014 .....	\$12.00
January to June odd-numbered years 2011, 2013, 2015 .....	\$8.00
July to December odd-numbered years 2011, 2013, 2015 .....	\$4.00

- **Charitable license** ..... \$8.00
- **A deposit** is required on a retail sales tax license only. .... \$50.00

### Fee Notes

- The \$50 deposit will be refunded automatically after a business has collected and paid \$50 in *state sales taxes*. **DO NOT** deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- For single and multiple event licenses complete the DR 0589 "Sales Tax Special Event Application."
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

If you have questions call the Department of Revenue, (303) 238-SERV(7378).

**INSTRUCTIONS:** This form consists of two copies; please complete the form.

If you've downloaded this form from the Internet, please complete the form and make a photocopy of it. Mail the original form to:

**Colorado Department of Revenue  
Denver CO 80261-0013**

and retain one copy of the completed form for your records.

**For walk-in service, please bring two copies of the completed form to:**

DENVER SERVICE CENTER  
1375 Sherman St.  
Denver CO 80261

COLORADO SPRINGS SERVICE CENTER  
4420 Austin Bluffs Pkwy.  
Colorado Springs CO 80918

FORT COLLINS REGIONAL SERVICE CENTER  
1121 W. Prospect Rd., Bldg. D  
Fort Collins, CO 80526

GRAND JUNCTION SERVICE CENTER  
222 S. Sixth St., Room 208  
Grand Junction CO 81501

PUEBLO SERVICE CENTER  
827 W. 4th St., Suite A  
Pueblo CO 81003

### Taxpayer ID Requirements:

All walk-in and mail-in business and individual applicants for a Sales/use Tax or Wage Withholding with the Colorado Department of Revenue must provide valid proof of identification at the time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (Indicating eligibility for employment), United States Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

**B**

5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (Continued from page 1)



Colorado Department of Revenue  
Tax Forms, Information and E-Services